

Speck



<b>MEDICAL EXAMINER'S CERTIFICATE</b>			
I certify that I have examined <u>Marlon Bowen</u> in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:			
<input type="checkbox"/> wearing corrective lenses <input type="checkbox"/> wearing hearing aid <input type="checkbox"/> accompanied by a _____ waiver/exemption <input type="checkbox"/> Non-commercial class C driver operating a CMV 10,001 to 26,000 lbs., Interstate (MD Motor Vehicle Law 25-111(vi))		<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) <input type="checkbox"/> qualified by operation of 49 CFR 391.64	
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.			
SIGNATURE OF MEDICAL EXAMINER 		TELEPHONE 410-247-9595	DATE 6/6/15
MEDICAL EXAMINER'S NAME (PRINT) IFEANYI NWANESHIUDU, MD		<input checked="" type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner	
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO. <u>D0078360 / MD</u>		NATIONAL REGISTRY NO. 3498636909	
SIGNATURE OF DRIVER 		<input checked="" type="checkbox"/> INTRASTATE ONLY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> CDL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		DRIVER'S LICENSE NO. B-500585585055	STATE MD
ADDRESS OF DRIVER 935 Blanche Rd, Balto, MD - 21215-1305			
MEDICAL CERTIFICATION EXPIRATION DATE 6/6/17			





6601 Ritchie Highway, N. E.  
Glen Burnie, Maryland 21062  
(410) 787-2971

Motor Vehicle Administration

APPORTIONED REGISTRATION CAB CARD

PLATE NUMBER

**811F01**

STICKER NUMBER

**2017-0020390**

EXPIRATION DATE

**07/31/17**

OWNER (LESSOR)

**ROY A SALMON**

YEAR

**2006**

MAKE

**VOLV**

CLASS

**F**

TYPE

**RT**

FUEL

**D**

EXCEP

**3**

TITLE NUMBER

**42993011**

VEHICLE IDENTIFICATION NUMBER

**4V4NC9GH46N425802**

GR. COMB. WGT.

**80,000**

GR. VEH. WGT.

**80,000**

UNLADEN WGT.

**17,100**

ISSUE DATE

**07/27/16**

IRP ACCOUNT NUMBER

**16107**

UNIT NUMBER

**002**

US DOT NUMBER

**2100090**

MD FEE

**\$688.16**

NAME(S) AND ADDRESSES OF REGISTRANT (LESSEE)

**ROY A SALMON**

**9737 EUSTICE ROAD**

**RANDALLSTOWN, MD 21244**

INSTRUCTIONS  
1) Remove decal by bending paper.  
2) Lift edge of decal and slowly peel.  
3) Apply year sticker on upper right, month sticker on upper left of rear plate.

0020390  
**17**

THE VEHICLE DESCRIBED HAS BEEN PROPORTIONALLY REGISTERED IN THE STATE OF MARYLAND AND THE JURISDICTIONS SHOWN BELOW.

AB 36288	AL 80000	AR 80000	AZ 80000	BC 36288	CA 80000
CO 80000	CT 80000	DC 80000	DE 80000	FL 80000	GA 80000
IA 80000	ID 80000	IL 80000	IN 80000	KS 80000	KY 80000
LA 80000	MA 80000	MB 36288	ME 80000	MI 80000	MN 80000
MO 80000	MS 80000	MT 80000	NB 36288	NC 80000	ND 80000
NE 80000	NF 36288	NH 80000	NJ 80000	NM 80000	NS 36288
NV 80000	NY 80000	OH 80000	OK 80000	ON 36288	OR 80000
PA 80000	PE 36288	QC 5AXL	RI 80000	SC 80000	SD 80000
SK 36288	TN 80000	TX 80000	UT 80000	VA 80000	VT 80000
WA 80000	WI 80000	WV 80000	WY 80000	** *****	** *****
* *****	** *****	** *****	** *****	** *****	** *****

IMPORTANT NOTICE:

This Cab Card is issued pursuant to the International Registration Plan Agreement.

Cab Cards that are copied, or altered, or list jurisdictions after the row of asterisks, are invalid. Maryland Law requires the vehicle to be insured at all times. Tags must be returned PRIOR to any cancellation of insurance on this vehicle. Failure to comply will result in suspension of the registration and penalty of up to \$100.00 per vehicle, per year.

Maryland Vehicle Law requires that you provide your insurance information when involved in an accident. This Cab Card must be carried in this vehicle or on the person operating the vehicle.

Maryland Vehicle Law requires you to display both a front and rear license plate on the vehicles they are issued for. Tractors, Truck Tractors and Road Tractors; validation stickers must be put on the Front License Plate.

0020390

